


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90022 003 ****61.25

DOCUMENT # N05431					
1. Entity Name THE BAPTIST MANOR, INC.					
Principal Place of Business 10095 HILLVIEW ROAD PENSACOLA, FL 32514 US			Mailing Address 1717 N E ST. STE. 320, ATTN. J KEHOE PENSACOLA, FL 32501 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03252008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2455515	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JOHN PORTER 1717 NE ST. STE. 320 PENSACOLA, FL 32501			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	CD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORTER, JOHN		NAME		
STREET ADDRESS	1717 N "E" ST, STE 320		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32501		CITY-ST-ZIP		
TITLE	VCD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAPPA, DAVID J		NAME		
STREET ADDRESS	10070 BRISTOL PARK RD		STREET ADDRESS		
CITY-ST-ZIP	CANTONMENT, FL 32533		CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAYER, CHRIS		NAME	Haley, Laura	
STREET ADDRESS	10010 VIA DELUNA		STREET ADDRESS	1717 N "E" St., Ste. 320	
CITY-ST-ZIP	PENSACOLA BCH, FL 32561		CITY-ST-ZIP	Pensacola, FL 32501	
TITLE	AS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEHOE, JOYCE		NAME		
STREET ADDRESS	1717 N E ST., STE. 320		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32501		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YADEN, DEBRA A		NAME		
STREET ADDRESS	1717 N "E" ST, STE 320		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32501		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE <i>Debra A. Yaden</i>		Debra A. Yaden, Asst. Sec.		3/25/08 850/467-2339	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	